

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-037849

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

9531

FILED OCT 4 1963

1. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis

Length of stay in 1b

c. CITY OR TOWN St. Louis

Inside Limits  
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Homer G. Phillips

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)  
4352 Washington

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First Eldora

Middle

Last

Mitchell

4. DATE OF DEATH

Month 9 Day 21 Year 63

5. SEX

Fem.

6. COLOR OR RACE

Negro

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/6/25

9. AGE (last birthday)

38

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laundry worker

10b. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (City and state or country)

York Alabama

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Wes Childs

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Buford Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
no no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Lillie M. Watkins 2516 Slattery

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Left Lower Lobe Lobar Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

Undet.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

490X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cardiac Insufficiency due to Sickle Cell Anemia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☒ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-8-63 to 9-21-63 and last saw her alive on 9-21-63  
Death occurred at 1:10 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Type or print)

22b. ADDRESS

2601 N. Whittier

22c. DATE SIGNED

9-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Ship

23b. DATE

9/25/63

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

York Alabama

(State)

24. FUNERAL DIRECTOR

ADDRESS

Grant Johnson 2615 Marcus Ave.

25. DATE RECD. BY LOCAL REG.

SEP 24 1963

REGISTRAR'S SIGNATURE

Roal Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300  
Rev. 4/59

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177-0

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

☒ working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 3489

P. O. Address 1123 N. Taylor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.